



**THIS INFORMATION SHOULD BE DIRECTED TO THE MANAGEMENT STAFF OF YOUR AGENCY**

# STAFF CHANGES



We, the Bureau of Home Care & Rehabilitative Standards, are pleased to welcome Dean Linneman, Director, Section for Health Standards and Licensure. Dean has been in his new position since April 17, 2006.

As most of you are aware, Dorothy Hamilton, RN, HFNC retired from the Bureau on April 30, 2006. Dorothy had been with the Bureau for 15 years. Most of you probably knew her as a nurse surveyor with much wit and charm! We will all miss her cheery personality as well as her expertise that she brought to the Bureau.

Fortunately, we were able to fill the surveyor's position vacated by Dorothy very quickly. We are thrilled to have with us now, as a full time surveyor, Wanda Roling, R.N. Wanda joined the Bureau on May 16, 2007. Wanda has worked for the Department of

Health & Senior Services for eight years as a Facility Advisory Nurse, Trauma Manager, Assistant Bureau Chief for EMS, Administrator of the Bureau of Health Care Oversight, and Bureau Chief for Health Services Regulation. In her nursing career she has worked hospital nursing, long term care nursing, home health nursing and as a group home consultant. Wanda has already attended the Federal Basic Home Health Surveyor Training in Dallas, Texas in June of this year and has already been surveying home health agencies solo! She will attend the Federal Hospice Surveyor Training in the spring of 2007. She has fit in perfectly with the survey staff! Please join us in welcoming Wanda!

Some of you may have noticed a new voice on the line when you have called into the office. The young, spry voice is that of Emily Bruce. Not that the rest of us aren't young & spry! Emily joined the Bureau on June 7, 2006 as an office support assistant. Emily is in charge of such things as directing your phone calls, license renewals, keeping the

e-mail addresses current and other office needs. We are very pleased to have Emily as part of the Bureau. Please join us in welcoming Emily!

## ST. LOUIS POWER OUTAGE

I would like to take this opportunity to again personally thank all the agencies in the St. Louis area that worked so well to assure the safety and well being of your patients during the time of the major power outage in St. Louis in July. There were 81 home health and hospice agencies in a six county radius in St. Louis, which the Bureau contacted in the first 3-5 days of the disaster. All but one of the agencies had already activated their disaster plans by the time we had contacted them! The one agency found they did not have a "workable" disaster plan and is now working very hard on getting one established! All the patients were contacted, and the agencies saw to it they were either safe in their homes or moved to a location where their needs could be met. The Bureau did not receive one complaint from any patient or family during this time of disaster. HATS OFF TO ALL OF YOU!

## HOT LINE NUMBER CHANGE

The Department of Health & Senior Services felt it would be more efficient to have a centralized number for all recipients to call for complaints. Therefore, on 6/29/06 an e-mail was sent to all the home health & hospice administrators regarding the new mandated toll-free "hotline" number that will be changed effective November 1, 2006. This information may be repetitive to some of you, but it is the Bureau's philosophy that it never hurts to remind agencies of important issues!

The new "hotline" number will be **1-800-392-0210**, which is the Elder Abuse Hotline number. In November of 2005, the Central Registry Unit (CRU) with the Department began taking all the "hotline" calls for all complaints concerning care provided by home health and hospices. At that time, the 1-800-877-6485 number began "rolling over" to the CRU automatically and therefore, there was no need for a number change to occur. However, beginning November 1, 2006, the 1-800-877-6485 number will no longer be in service.



As per federal and state regulations (CFR 484.10 (f) and 19CSR 2035.010(1)(F) J, all agencies will be required, effective November 1, 2006, to have made the necessary changes in the documentation given to their patients regarding their right to be advised of the "hotline" number. Included in this documentation would be the Conditions of Participation: Patient Rights (484.10) form that is given to all the home patients on your service. This form has been recently updated and you can get the newly updated form from the homecare website at [www.dhss.mo.gov/HomeCare](http://www.dhss.mo.gov/HomeCare).

The toll-free "hotline" is answered 24hours/day, 7 days/week. This will be a change, since the old hotline hours of operation were Monday-Friday 8:00 A.M. – 5:00 P.M.

## NATIONAL PROVIDER IDENTIFICATION NUMBER

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health and Human Services adopt a standard unique health identifier for health care providers. On January 23, 2004, the Secretary



published a Final Rule that adopted the National Provider Identifier (NPI) as this identifier.

All HIPAA covered healthcare providers, whether they are individuals or organizations, must obtain an NPI for use to identify themselves in HIPAA standard transactions. Once enumerated, a provider's NPI will not change. The NPI remains with the provider regardless of job or location changes.

HIPAA covered entities such as providers completing electronic transactions, healthcare clearinghouses, and large health plans, must use only the NPI to identify covered healthcare providers in standard transactions by May 23, 2007. Small health plans must use only the NPI by May 23, 2008.

When applying for your NPI, CMS urges you to include your legacy identifiers, not only for Medicare but also for all payors. If reporting a Medicaid number, include the associated State name. This information is critical for payors in the development of crosswalks to aid in the transition to the NPI.

Remember, there is no charge to get an NPI. Providers can apply online for their

NPI, free of charge, by visiting <https://nppes.cms.hhs.gov> or by calling 1-800-465-3203 to request a paper application. The CMS NPI page, (from which the above information was extracted) located at: [www.cms.hhs.gov/NationalProvidentStand/](http://www.cms.hhs.gov/NationalProvidentStand/), is the only source for official CMS education and information on the NPI initiative.

For any questions regarding NPI, please call 1-800-465-3203.

## STATISTICAL REPORTS

This year the hospice agencies were no longer allowed to submit their annual statistical reports via paper. All hospice statistical reports were required to be submitted electronically. We are proud to say we had 100% participation!

Starting this next year, 2007, the requirement for electronic submission of statistical reports will be expanded to include home health agencies. The Bureau will no longer accept the reports via paper through the mail system. Attached you will find an electronic copy of the revised Home Health Annual Statistical Report. **(Sample Version Attached)** You will find the new version has

been shortened. The following items no longer need to be collected:

- 1) Initial Contact/Referral Source
- 2) Non-Admitted Clients & Reasons
- 3) Condition Upon Discharge
- 4) Number of Visits by County

Because, we are going to implement total electronic submissions, it is again *imperative* that home health and hospice agencies keep the Bureau updated with current e-mail addresses.

### ***HOME HEALTH ADVANCE BENEFICIARY NOTICE***

Home Health Agencies must begin using the new HHABN exclusively no later than September 1, 2006.

According to the Home Health, Hospice, and DME Open Door Forum on August 15, 2006:

- ✿ On 8/11/06, CMS published the final HHABN instructions in the CMS manual system. These new instructions are applicable to the newly approved HHABN. These instructions will completely replace the existing HHABN instructions in section 60 of Chapter 30 of the Medicare Claims Process Manual. The 2006 transmittal number is



"R1025CP" (CR5009), which can be found

at: <http://www.cms.hhs.gov/Transmittals/2006Trans/list.asp>

☀ CMS posted the approved HHABN on its website at [www.cms.hhs.gov/BNI/](http://www.cms.hhs.gov/BNI/).

(Click on the link to the left for "FFS HHABN").

CMS noted on the All State Call on May 16, 2006, that they have been receiving some questions about the HHABN, and whether the notice is appropriate for hospices to use. Per Pat Sevast, CMS, it is not appropriate for hospice use. Hospice should use the generic Advance Beneficiary Notice. Again, more information regarding both of the forms, as well as the expedited notices, is on the CMS website at [www.cms.hhs.gov/BNI/](http://www.cms.hhs.gov/BNI/).

For any questions regarding the HHABN agencies should refer to the CMS website or Contact your Fiscal Intermediary.

## ***EDL/CRIMINAL BACKGROUND***

A question has recently come up regarding what an agency will need to do if they are a hospital-based agency and they hire an employee from the main hospital. Is this home health or hospice agency required to re-run the EDL/criminal background check?

After review of the laws it was determined that each Medicare provider must run the EDL/criminal background check and if you are a home health agency, check the Family Care Safety Registry (FCSR). A home health agency affiliated with a hospital is it's own provider. Therefore, if an employee moves from hospital employment to home health or hospice, the agency will need to re-run the EDL/criminal background check/FCSR.



## ***PLAN OF CORRECTIONS***

☀ Agencies faxing in their plan of corrections continues to be an issue. In past Bureau Talks we have said that no original plan of corrections will be accepted via fax. This has not changed. Any plan of correction submitted via fax will not be reviewed until an original plan of correction is received in the mail.

☀ We are finding more and more that agencies are forgetting to sign and date the state form as well as the Federal 2567 when they submit their plan of correction. **Both** forms need to be **signed** and **dated** to be an acceptable plan of correction.





# Hospice Issues

☀ In the April 2006 Bureau Talk we mentioned the new provision to the Medicare Conditions of Participation Subpart B at 418.25 – Admission to Hospice Care. We stated that during the hospice survey the surveyor would look for documentation to substantiate that the medical director was given, at a minimum, the following information prior to making a decision to admit the patient to hospice.

- 1) The terminal diagnosis
- 2) Co-morbidities
- 3) Current clinically relevant information supporting all diagnosis.

☀ Since this was published, the Bureau has received new direction from CMS. Regulation of this new provision is actually the responsibility of the Fiscal Intermediary. Therefore, if the surveyors see a problem in this area they will not ignore it; however, they will be required to refer it to the Fiscal Intermediary. Any questions regarding these provisions would need to be directed to the Fiscal Intermediary.

☀ As you know, the concept of providing comfort packs has gained popularity over the last few years. Unfortunately, with its increasing use, the surveyors have seen more inappropriate use. Therefore, the Bureau, with guidance from the Department's Hospice Advisory Council, has put together a handout (attached) on Comfort Packs for your referral. This handout addresses the criteria for appropriate use of comfort packs as well as helpful hints in developing an agency policy regarding Comfort Packs. We think you will find the information very helpful!

☀ On 5/21/04 Appendix M of the Interpretive Guidelines for Hospice was updated. We have finally had the opportunity to update this appendix in the user- friendly format that the surveyors and the agencies prefer to use. Please find attached the updated Appendix M. If you print this in color you will find the newest changes from 5/21/04 in red. We hope you find this helpful.



# OPT/CORF

Our office has recently found that Appendix K of the State Operations Manual for Comprehensive Outpatient Rehabilitation Facilities, as well as Appendix E of the State Operations Manual for Outpatient Physical Therapy or Speech Pathology Services, was recently updated on 1/10/06. These updated appendixes can be found at [https://www.cms.hhs.gov/manuals/downloads/som107ap\\_k\\_corf.pdf](https://www.cms.hhs.gov/manuals/downloads/som107ap_k_corf.pdf)

and

[http://www.cms.hhs.gov/manuals/downloads/som107ap\\_e\\_opt.pdf](http://www.cms.hhs.gov/manuals/downloads/som107ap_e_opt.pdf)



By Joyce Rackers, R.N.

CMS has been busy and so have we here in the "OASIS ARENA"! There has been a policy change for accurate coding of surgical wounds and revisions to the OASIS Implementation Manual. Please refer to **the OASIS Attachment** for the latest updates on OASIS. Most of the changes were dealing with how to interpret the OASIS items or in the assessment strategies. All the information in the revised manual is effective immediately.

There were no changes to the actual OASIS M0 items. Per Pat Sevast at CMS, all

changes to the M0 items will be made in the next year or so. The Office of Clinical Standards and Quality (OCSQ) are working with the Pay for Performance group to determine what will be added, dropped and/or changed.

The OASIS training here at the Bureau of Home Care & Rehabilitative Standards keeps going strong! The trainings have been held each month for almost a year! Most months, I have done 2 full days of training here in Jefferson City in the Bureau's conference room. I've had a full house each month! The trainings are limited to 10 persons per session because of space and this keeps the training very informal as well. I am currently scheduling participants for January 2007!

The evaluations that I have received back from the participants have indicated that the training is beneficial for both new clinicians as well as those who have been doing the OASIS since it's beginning. All the information I give to the participants is CMS based. Many of the clinicians have realized that they have gotten into "bad habits" and have actually been answering or interpreting the OASIS items differently from what CMS has intended. Therefore, the training has been beneficial to them also. I invite all

clinicians, nurses and therapists to participate in the training.

In addition to the small monthly training sessions here in Jefferson City, the Bureau has agreed to allow me to go on the road for some training! Several training sessions have been scheduled in different areas of the state. The classes are still limited to no more than 20 people in order to keep them informal and allow for plenty of questions and networking among the participants.

The training is one day from 8:30 a.m. until around 4:30 p.m. It is a very full day. I cannot cover every OASIS item but I hit those OASIS items that are PPS driven, those which appear on the Home Health Compare and then I address any OASIS items that I have received questions on from home health providers.

If you have any staff that you feel could use OASIS training or a refresher course please do not hesitate to contact our office at 573-751-6336. Call now because I'm already filling up spaces in the next year!

# HAPPY FALL!!



From the Staff of the Bureau of  
Home Care and Rehabilitative  
Standards